## **BFG "No Fee" Balance Transfer Request**

SIMPLY COMPLETE THIS FORM AND RETURN IT TO US. WE'LL TAKE CARE OF THE REST. Use **1** and **2** for Credit Cards, use **3** and **4** for Retail Cards and other loans.

Card Issuer		S Lender Name	
Account #		Account #	
Payment Address		Payment Address	
City/State	Zip	City/State	Zip
Amount to Transfer \$		Amount to Transfer \$	
2 Card Issuer		4 Lender Name	
Account #		Account #	
Payment Address		Payment Address	
City/State	Zip	City/State	Zip
Amount to Transfer \$		Amount to Transfer \$	
PLEASE COMPLETE BOTH SIDES OF THIS FORM			

Member #:	form to:			
Work Phone:	BFG Federal Credit Union Attn: Plastic Card Dept.			
Home Phone:	445 South Main Street Akron, OH 44311			
Last 4 digits of BFG Credit Card to use for balance transfer (if an existing account):	Or fax to: 330.374.2984			
By signing I authorize the Credit Union to pay on my behalf each balance or portion of balance I have designated. I have read and agree to the Balance Transfer Terms and Conditions.				
Signature:	Date:			
	vill not be able to process the transfer request. Transfers will only be sent to recognized ceed your credit line. The Credit Union sends either full or partial payments to your creditors			

in the order you list them. Continue to make your minimum required payment until the request transfer payment appears on that account's billing statement. The Credit Union is not responsible for any remaining balance, or for any finance or other charges you incur due to delays in transferring a balance. Transfer is processed

Return this form and a copy of the return portion of your billing statement for each Balance Transfer listed on the front of this

Name:

as a credit purchase set forth in the Visa/Mastercard disclosure. Transfers from other lenders only.